

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Charlotte Reed  
Pratt Police Dept.  
101 W. Main St.  
Pratt, AR  
36067

2. Article Number  
(Transfer from)

7004 2510 0001 0150 2923

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *D. Sezewski*☐ Agent☐ Addressee

## B. Received by (Printed Name)

D. Sezewski

## C. Date of Delivery

8-22-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No2:05 @ 745-A  
STC

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-11